

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No. 10/579,362  
Filing Date  
Applicant(s)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3			/				53						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5		↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.	15		←		←		TOTAL DEP.		←		←		←
TOTAL CLASSES	20						TOTAL CLASSES						